

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 12, 2000 8:00 am
Secretary of State

03-21-2000 90013 002 ****61.25

DOCUMENT # N99000007538

1. Entity Name
HEALING ANGELS CORPORATION

Principal Place of Business
**1107 THORNWOOD DRIVE
 OLDSMAR FL 34677**

Mailing Address
**1107 THORNWOOD DRIVE
 OLDSMAR FL 34677**

2. Principal Place of Business
1107 Thornwood Dr.
 Suite, Apt. #, etc.

3. Mailing Address
1107 Thornwood Drive
 Suite, Apt. #, etc.

City & State
Oldsmar, FL

City & State
Oldsmar, FL

4. FEI Number
59-3621694

Applied For
 Not Applicable

Zip Country Zip Country
34677 USA 34677 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRANDSTETTER, ALLISON ESQ.
 109 NORTH BRUSH STREET
 SUITE 400
 TAMPA FL 33602**

7. Name and Address of New Registered Agent
 Name **Michael Thomas Sklaruk**
 Street Address (P.O. Box Number is Not Acceptable)
1107 Thornwood Drive
 City **Oldsmar** FL Zip Code **34677**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]* **Michael Thomas Sklaruk, President** **3/10/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



DO NOT WRITE IN THIS SPACE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	President/Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Thomas Sklaruk D		NAME		
STREET ADDRESS	1107 Thornwood Dr.		STREET ADDRESS		
CITY-ST-ZIP	Oldsmar, FL 34677		CITY-ST-ZIP		
TITLE	Vice President D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail Marsh		NAME		
STREET ADDRESS	2504 Ridgewood Dr.		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33602		CITY-ST-ZIP		
TITLE	Secretary D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annemarie Sklaruk D		NAME		
STREET ADDRESS	1107 Thornwood Dr.		STREET ADDRESS		
CITY-ST-ZIP	Oldsmar, FL 34677		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an office-like empowered.

SIGNATURE: *[Signature]* **Michael Thomas Sklaruk, Pres.** **3/10/00** **813-396-3236**
Signature and typed or printed name of signing officer or director Date Daytime Phone #